

228117

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

COPY  
Posted: ack  
Dept: SA  
Date: 2/16/11  
Time: 9:50

DOCKET  
NUMBER: 2011 - 70 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Robynne Redmon

Telephone: (757) 558-4050

Address: 420 Plummer dr. Suite 200  
Chesapeake, Virginia 23323

Fax: (757) 487-9633

Other: (757) 358-3559

Email: fivestartransportation@verizon.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
FEB 14 2011  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Q35

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 2-4-2011

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

5 Star medical Transport, LLC

801 Butler Street Suite #5 Chesapeake, Va. 23323  
Street Address of Applicant

420 Plummer Drive Ste 200 Chesapeake, VA 23323  
Mailing Address of Applicant if different from street address

757 558-4050  
Phone

757 487-9633  
Fax

ROBYNNE@5starmedicaltransport.com  
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

LLC with one member

Robynne Redmon

420 Plummer Drive

Chesapeake, VA 23323

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month 12-21 Year 2010

**Assets:**

*see ATTACHED BALANCE SHEET*

Cash	
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets</b>	
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	

**5 Star Medical Transport**  
**Summary Balance Sheet**  
As of December 21, 2010

	<u>Dec 21, 10</u>
<b>ASSETS</b>	
Current Assets	
Checking/Savings	8,020.36
Accounts Receivable	56,779.89
Other Current Assets	<u>1,036.40</u>
Total Current Assets	65,836.65
 Fixed Assets	57,434.28
Other Assets	<u>1,200.00</u>
<b>TOTAL ASSETS</b>	<u><u>124,470.93</u></u>
 <b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	5,177.92
Credit Cards	22,897.75
Other Current Liabilities	<u>18,371.24</u>
Total Current Liabilities	<u>46,446.91</u>
 Total Liabilities	46,446.91
 Equity	<u>78,024.02</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>124,470.93</u></u>

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

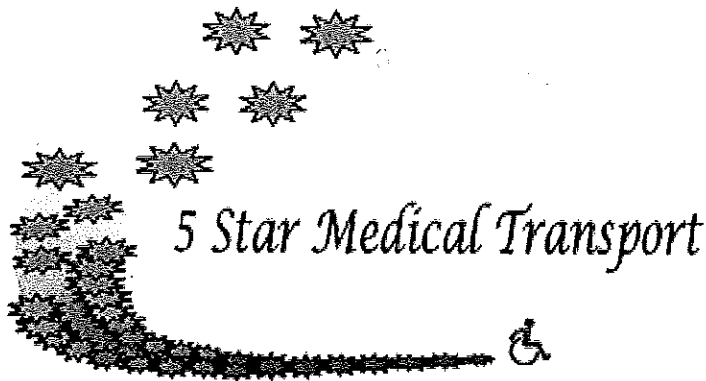
See ATTACHED rate sheet

Counties to be Served:

Anderson	York
Abbeville	Greenwood
Oconee	McCormick
Pickens	
Greenville	
Spartanburg	
Cherokee	
Laurens	
Union	

Maximum Number of Passengers per Vehicle:

14 maximum, including driver.



## Ambulatory Transports

Ambulatory Rates are for door to door assisted service.

\$25.00 minimum up to and including 11 miles.

After 11 miles the charge is \$2.00 per mile

\*Supplemental charge for additional passengers

Wait Time \$25.00 per hour

## Wheelchair Transports

One way trips and hospital discharges are \$50.00 load fee plus mileage

Regular Rates \$40.00 load fee plus mileage

One Way/ Evening/Weekend Rates \$50.00 load fee plus mileage

Late Night and Holiday Rates \$60.00 load fee plus mileage

Mileage is calculated at \$2.50 per mile

Wait time \$25.00 per hour

## Stretcher Transports

Regular Rates \$175.00 load fee plus mileage  
\$200.00 load fee plus mileage for one way

Weekend Rates \$225.00 load fee plus mileage

Late Night and Holiday Rates \$275.00 load fee plus mileage

Mileage is calculated at \$3.00 per mile

Wait Time \$50.00 per hour

Evening Rates are in effect from 5:00 p.m. until 10 p.m. Monday through Friday

There may be additional charges if additional personnel is required to assist in loading or stairs

Prices are subject to change

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

12/20/2010 12:42 FAX

0002/0002

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

5 Star Medical Transport, LLC

Name of Motor Carrier

2130 Smith McGee Rd. Starr SC 29684

Address of Motor Carrier

**Amount of Premium:**

Liability Insurance \$ 3217

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	1,000

Selective Insurance Company of South Carolina

Name of Insurance Company

40 Wantage Avenue Branchville, NJ 07890

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

1/27/11

Date

Suzanne D. Magnus

Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).



**Exhibit FWA**

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Name

---

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

### Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Anderson

Robynne Redmon  
Applicant's Signature

I, Robynne Redmon, owner  
Name of Applicant's Representative Title  
of 5 Star Medical Transport, LLC  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

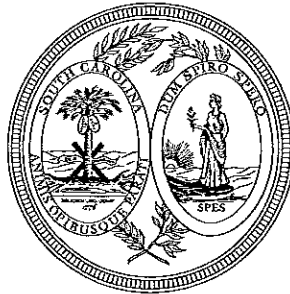
Robynne Redmon  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 4<sup>th</sup> day of February, 2011

Autum Redmon  
Notary Public

Commission Expires 11.30.2013

# *The State of South Carolina*



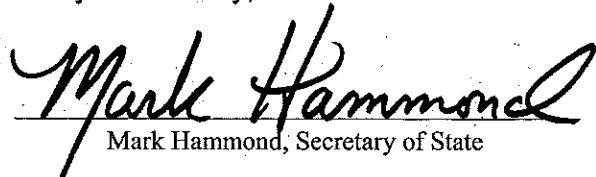
*Office of Secretary of State Mark Hammond*

## **Certificate of Authorization**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

5 STAR MEDICAL TRANSPORT, LLC, A Limited Liability Company duly organized under the laws of the State of VIRGINIA, and issued a certificate of authority to transact business in South Carolina on January 18th, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
26th day of January, 2011.

  
Mark Hammond, Secretary of State